

Ryan Vogt, Assistant Administrator
CAF-Field Services Administration

Authorized Signature

Number: FS-IM-11-002

Issue Date: 07/15/2011

Topic: Other

Subject: Interpretation/translation Services

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message:

This Transmittal supersedes [CW-AR 08-001](#). This transmittal updates the Telephonic Interpretation information to the current vendor, LanguageLink, and updates the contact persons for this Transmittal to Tracey O'Donnell and Lacey Stephens in CAF Field Services.

Procedure Title:	Translation and Interpretation Requests for CAF Field Offices			
Procedure Number:		Version:	1.0	Effective Date: July 15, 2011

Translation Request Procedure

Step	Responsible Party	Action
1.	Branch Office	<p>Note - A minimum of five business days is needed to complete requests. Longer or complicated documents may take longer.</p> <ul style="list-style-type: none"> Complete and save document to be translated in Word (preferred) or PDF file Complete CF 0010A Send document and CF 0010A via email to Translations.CAF@state.or.us or CAF,Translations
2.	CAF Field Services	<ul style="list-style-type: none"> Receive, review and enter translation request on tracking log Send document and CF 0010A to vendor for translation
3.	Vendor	<ul style="list-style-type: none"> Complete requested translation Send translated document and CF 0010A to Translations.CAF@state.or.us
4.	CAF Field Services	<ul style="list-style-type: none"> Receive, save, and log completed translation. Send translated document to Branch worker or designee via email
5.	Branch	<ul style="list-style-type: none"> Save document electronically in the shared CW folder under case number, if applicable Make entry in case notes of date translation documents received File copy of the translated document in the case record
6.	Vendor	<ul style="list-style-type: none"> Submit invoice for payment to CAF Field Services: DHS-CAF Field Services

		500 Summer Street NE E-93 Salem, Oregon 97301-1066 Note - reference CAF Job # on invoice details
7.	CAF Field Services	<ul style="list-style-type: none"> • Receive invoice, reconcile and record invoice number on tracking log • Approve payment and submit to Financial Services

Forms that apply

- CF 0010A – CAF Request for Translation Services
- Any CW Forms or documents needing translation. **Note** - Many Child Welfare forms are already available in other languages on the DHS Forms Server.
- Provider invoice with verification by requestor of services provided as billed.

Interpretation Request Procedure

Step	Responsible Party	Action
1.	Branch Office	<p>FOR ALL IN-PERSON INTERPRETATIONS:</p> <p><u>American Sign Language/Real Time Captioning</u></p> <p>Oregon Deaf and Hard of Hearing Services (ODHHS) – call (503) 373-7605 or submit request electronically at http://www.oregon.gov/DHS/odhhs/ecs.shtml/</p> <p>Note - IF ODHHS is unable to fulfill your request, the branch may contact one of the vendors below.</p> <p><u>All other language</u> in-person interpretations:</p> <p>Certified Languages International - (503) 525-9601 ext. 314; Note - provide customer code from page 3</p>

		<p><u>Telelanguage</u> – 1-800-826-3253</p> <p><u>IRCO</u> - (503) 234-0068</p> <p>** The more advance notice that you provide to the vendors, the more likely they are to complete your request.</p> <p>FOR ALL TELEPHONE INTERPRETATIONS:</p> <p><u>LanguageLink</u> - call 1-877-764-7888</p> <p>The call center representative will prompt you for the following:</p> <ul style="list-style-type: none"> • Account number: 8606 • Your full name • Your branch name and location (examples: Baker Child Welfare, Alberta Self-Sufficiency, North Salem Vocational Rehabilitation, Child Welfare Safety and Permanency, etc.) • Language needed
2.	Vendor	<ul style="list-style-type: none"> • Complete request and arrange interpreter.
3.	Interpreter	<ul style="list-style-type: none"> • Provide service. • Obtain signature of CAF worker or designee and date service form to document that service was provided.
5.	Branch Office	<ul style="list-style-type: none"> • Enter in case notes that interpreter provided service as requested on specified date.
6.	Vendor	<ul style="list-style-type: none"> • Submit invoice to CAF Field Services for payment Note - Invoice must include signature of provider, date of service and signature of worker or designee that service was provided.
7.	CAF Field Services	<ul style="list-style-type: none"> • Receive, review, and authorize payment.

CERTIFIED LANGUAGES INTERNATIONAL INTERPRETATIONS	
CUSTOMER CODE	CUSTOMER_NAME
SOCF	Main Admin Office / Salem
SOCF-W	Washington County
SOCF1	Clackamas
SOCF12	SDA 12
SOCFBE	Benton County
SOCFCL	Clatsop County
SOCFD	Douglas County
SOCFDC	Deschutes County
SOCFE	East Branch
SOCFG	Gresham
SOCFHR	Hood River
SOCFL	Linn County
SOCFLI	Lincoln County
SOCFLN	Lane County
SOCFM	SOCF - Dist 2 Office
SOCFMT	SOCF-Midtown Branch
SOCFNNE	SOCF - Alberta Branch
SOCFP	SOCF - Polk County
SOCFS	SOCF - Marion County
SOCFSO	SOCF - District 8
SOCFT	SOCF - Tillamook County

If your branch or county is not on this list, use a code for a listed branch in your District. As the need for additional codes arise, we will establish them with the vendor.

Contacts

- **Name:** Tracey O'Donnell at 503-945-7000 or Lacey Stephens at 503-945-6650

If you have any questions about this information, contact:

Contact(s):	Tracey O'Donnell, Field Services Business Integrity Manager		
Phone:	(503) 945-7000	Fax:	(503) 373-7492
E-mail:	Tracey.odonnell@state.or.us		